## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:			<del></del>			
	l .						
	Fee Code	Total # Claims	Number Extra	X	Fee	Fce =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	<i>(</i>
Basic Filing Fee	201/101	~ ~	3 .		345	690 =	670
Total Claims >20	203/103	33 .20 =	<u>13</u>	x	9	18 =	234
Independent Claims >3	202/102			x	<u> 39</u>	<u>78                                    </u>	.———
Mult. Dep Claim Present	204/104				130	<u> 260</u> =	
Surcharge	<b>2</b> 05/105				65	130 =	
English Translation	139				•		
TOTAL FEE CALCULA	ATION						1054
Fees due upon filing t	he application:						
Total Filing Fees Due	= \$	105/		_		·	
Less Filing Fees Subn	nitted - \$						

BALANCE DUE

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2)						TYPE		OR	SMALL	ENTITY			
FOR NUMBER FILED				NUMBER	EXTRA	ן ו	RATE	FEE		RATE	FEE		
BASIC FEE								46 OF 11	345.00	OR		690.00	
TOTAL CLAIMS 33 minus 20= * 13								X\$ 9=		OR	X\$18=	234	
INDEPENDENT CLAIMS 3 = *									X39=		OR	X78=	
MU	JLTIPLE DEPEN	DENT (	CLAIM PI	RESENT					+130=		OR	+260=	
* If	the difference	in colu	mn 1 is	less than ze	ero, e	enter "0" in e	column 2	L	TOTAL		OR	TOTAL	324
	C			MENDED			(Calumn 2)		SMALL	ENTITY	OR	OTHER SMALL	
			ımn 1) AIMS	2.43888 TV		Column 2) HIGHEST	(Column 3)	l r	CIVIALL		) i		
<b>ENT A</b>		AF	AINING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total		3	Minus	**	20	= /3		X\$ 9=		OR/	3X\$18=	234.0
AME	Independent	*	3	Minus	***	(3)	=		X39=		OR	X78=	
	FIRST PRESE	NTATIC	N OF M	ULTIPLE DEF	PENI	DENT CLAIM		╵┟	+130=		OR	+260=	
								L	TOTAL	<u> </u>		TOTAL	17/14
								A	DDIT. FEE	<u>L</u>	OR	ADDIT. FEE	OTTO
	The same of the same of		ımn 1) AIMS	Tanyon sangerar ar		Column 2) HIGHEST	(Column 3)						
AMENDMENT B		REM.	AINING TER IDMENT		Pi	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	<b> </b> *		Minus	**		=		X39=		OR	X78=	
_	FIRST PRESE	NTATIC	N OF M	ULTIPLE DEF	PENI	DENT CLAIM		1	+130=			+260=	
								L			OR		
								A	TOTAL DDIT. FEE	L	OR	TOTAL ADDIT. FEE	
٠			<u>ımn 1)</u>		(0	Column 2)	(Column 3)						
AMENDMENT C		REM.	AIMS AINING TER DMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*		Minus	**		= .		X\$ 9=		OR	X\$18=	· · <u>-</u> -
ME	Independent	•		Minus	**	<u> </u>	=	╽┟	X39=			X78=	
4	FIRST PRESE	NTATIC	N OF M	ULTIPLE DEF	PENI	DENT CLAIM	1				OR	<del></del>	
									+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													